STATEMENT OF

KAYDA KELEHER, ASSOCIATE DIRECTOR
NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES

FOR THE RECORD

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

WITH RESPECT TO

"#BeThere: What More Can Be Done to Prevent Veteran Suicide?"

WASHINGTON, D.C. SEPTEMBER 27, 2017

Chairman Isakson, Ranking Member Tester and members of the Committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on suicide prevention.

Veteran suicide is a topic that plagues the veteran community. It is also something the VFW takes very seriously. There is no reason for suicide to be one of the top 10 reasons Americans die, and there is without doubt zero reason why the veteran population should be overrepresented in the death by suicide population — 22 percent as of 2010. Since 2001, the veteran rate of death by suicide has increased by 32 percent, more than 10 percent higher than non-civilians. Yet, correlation is not causation. Post-9/11 veterans are at risk of suicide, but they are not the population that needs the most attention if we intend to decrease veteran suicide.

The VFW believes that in order to address veteran suicide, the Senate and Department of Veterans Affairs (VA) must invest in more research, an increase in mental health providers at VA, better outreach to Pre-9/11 veterans and women, providing technical improvements to the Veteran Crisis Line (VCL), and expanding public-private partnerships in areas where VA does not have the authority or resources to provide veterans in need.

Research

In summer 2016, VA released the nation's largest analysis of veteran suicide ever conducted. While this data is incredibly critical in addressing, and hopefully ending, veteran suicide, we need more analysis of the available data. From the data released in 2016, VA found that of the average 20 veterans who die by suicide each day, only six of those veterans are actively using VA. VA defines those six as veterans who have enrolled in or used VA within a year from the date they died. VA, veterans' service organizations, the Senate and the House need to know more

about the 14 veterans not actively enrolled in VA. The VFW urges VA to analyze the demographics, illnesses, socioeconomic status and military discharges of those 14. There are questions that need to be answered in order to properly address this unfortunate problem. Did those 14 use private sector care? Were they eligible to use VA? Were they among the many who were discharged without due process for untreated or undiagnosed mental health disorders related to sexual trauma or combat? Were they discharged for unjust and undiagnosed personality disorders during the era of "Don't Ask, Don't Tell?" If we are going to honestly combat veteran suicide, we must know more about the 14 veterans who die each day without using VA.

As technology continues to increase, VA must continue researching new ways to reach those in need of mental health care. Over time, VA has excelled at making sure to offer user-friendly apps, such as PTSD Coach, for veterans to conveniently open in their time of need. Yet apps are not the avenue of prevention or intervention all veterans prefer. Studies must continue to be conducted to find reliable statistics regarding what platforms of technology veterans prefer for all era's and age groups. Those technologies should also be analyzed by VA researchers to further understand key phrases and actions taken by those experiencing mental health crisis and/or suicidal ideations. While most people know there are signs of possible suicide, such as an individual beginning to give their belongings away, linguistic psychologists in academia at schools such as Massachusetts Institute of Technology have found there are words used at increased frequency when individuals are experiencing suicidal ideations and mental health crisis. These words are not the "cliché" words taught to us in the military or at local high schools. This would be instrumental for providers and the general public to be aware of when being mindful of veterans and loved ones in a possible mental health crisis.

With the number of VA opioid prescriptions decreasing and the increased number of providers receiving training on effective psychotherapies specific to post-traumatic stress disorder (PTSD) patients, the VFW believes VA has made great strides in treating this population. Yet, it still has more work to do.

Throughout the years, research on mental health issues associated with combat or sexual trauma, such as PTSD and traumatic brain injury (TBI), has allowed doctors and researchers to understand and diagnose mental health disorders in ways never before possible. The VFW urges VA to continue this research to better understand biological implications for the diagnosis of PTSD and TBI to avoid misdiagnoses and treatment. The VFW also urges the Senate and VA to work together to incorporate new technologies and to research new and/or alternative forms of treatment, such as medicinal marijuana.

For veterans who are uninterested or do not believe traditional, empirically proven methods will work, VA must partner with more private organizations and groups to offer veterans the opportunity to partake in alternative and non-traditional therapy options. Psychosomatics and the placebo effect are very alive and real. The VFW believes veterans should have the opportunity to partake in whatever form of safe treatment is available, whether VA has the ability to provide it or not. This includes partnering with organizations that provide complementary and integrated medicine which has been proven to work as non-pharmaceutical alternatives to opioid therapy.

Increase Providers

The entire nation is experiencing a shortage of medical providers, and that is an even bigger issue for mental health care. Since the 2014 Phoenix crisis, applications to work at VA have significantly dropped and VA has struggled to meet the demand of veterans in need. The Senate must provide VA with the appropriations and authority the secretary needs to increase the number of mental health care providers within VA. This is critically important in addressing suicide as we know that out of the 20 veterans who die by suicide every day, only six of them are actively using VA. If more providers are available, more veterans can seek timely treatment at VA facilities.

Veterans who seek treatment for mental health at VA report that their treatment was effective, but this is not disregarding access to care issues VA has struggled with in the past. Veterans who choose to use VA for their health care must have access to treatment — particularly veterans struggling with mental health conditions such as PTSD.

VA is the largest integrated mental health care system in the United States with specialized treatment for PTSD. The number of veterans seeking treatment at VA for PTSD has continued to increase as more veterans from Iraq and Afghanistan leave the military and transition to civilian life. This is part of the cost of war. The Senate and VA must ensure those seeking these treatments are provided timely access to VA care.

Mental health staff members within VA have increasingly continued to receive training in areas such as prolonged exposure and cognitive processing therapy, which are the most effective and empirically proven therapies to treat PTSD. Medication treatments are also offered and, thanks to the VFW-supported *Jason Simcakoski Memorial and Promise Act*, medications are being more closely monitored. Through VA's Opioid Safety Initiative, opioids are being prescribed on a less frequent basis for mental health conditions and are being monitored for addiction and other negative consequences.

The VFW has long advocated for the expansion of VA's peer support specialists program. VA peer support specialists are individuals with mental health or co-occurring conditions who are trained and certified by VA standards to help other veterans with similar conditions and/or life situations. They are actively engaged in their own recovery and provide support services to others in similar treatment at VA. Veterans who obtain assistance from peer support specialists value the assistance they receive.

The VFW urges the Senate to make sure VA has the resources required to continue expanding this effective, low-cost form of assistance to veterans in need. To ensure VA is offering a holistic approach in effectively addressing PTSD within the veteran population, VA must have the ability to provide peer specialists outside of traditional behavioral health clinics. Veterans overcoming homelessness, veterans seeking employment, and veterans in mental health crisis going to the emergency room or urgent care center could all benefit from peer support services.

Aside from veterans receiving support from fellow veterans who have recovered from similar health conditions and experiencing the bond and trust veterans share, peer support specialists

also greatly assist in destigmatizing mental health conditions such as PTSD. For a veteran to become a peer support specialist they must have actively gone through treatment, and are living a relatively healthy lifestyle. This allows veterans who may be struggling to see that their condition is treatable, manageable and not something that has to negatively impact or control their lives.

Outreach to Women and Older Veterans

Outreach works. In August 2017, the entertainer named Logic performed a song on live television about suffering from suicidal ideation and mental health crisis, but then eventually getting help and recovering. The song was titled "1-800-273-8255" — the National Suicide Prevention Lifeline. In the days following the performance, the National Suicide Prevention Lifeline saw a 50 percent increase in callers. This is just one example showing that VA must conduct more strategic outreach.

In today's society, it seems as though many people assume veterans at the highest risk of suicide are men who were in combat roles and served during the Post-9/11 era. That is where society is wrong. Veterans with the highest rates of suicide are males over the age of 50, and women veterans who do not use VA.

Since 2001, the rate of suicide among women veterans who use VA services increased by 4.6 percent, yet for women veterans who have not used VA their rate of suicide increased by 98 percent. The rate of female veteran suicide since 2001 has increased by nearly 100 percent for women who either choose not to use VA or are ineligible. To the VFW, that is atrocious and completely unacceptable.

Women veterans seeking mental health treatment often times face unique barriers or challenges. While people of all genders struggle with mental health for the same reasons, mental health conditions linked to sexual violence, such as PTSD, affects women at a much higher ratio than others in the veteran population. As the population of women veterans continues to rise, it is of the utmost importance that VA continues to prioritize their often overlooked health care needs.

The VFW urges the Senate and VA to continue expanding telemental health programs. These programs are often invaluable in decreasing risk of suicide to women veterans wanting to use group therapy for mental health linked to sexual violence. In VA's where there may not be enough women to get a group therapy session started, telemental health provides this opportunity. The VFW also urges VA to do two things. First, begin taking sex more seriously into consideration before prescribing psychopharmaceutical treatments. Medications have different effects on people of different sexes. The VFW asks VA to serve as a good example in prioritizing this factor. Second, VA must continue training mental health providers and employees on treatments and proper handling of patients with PTSD due to sexual trauma.

Better outreach must also be conducted to veterans who served prior to 9/11. Both in the civilian population and the veteran population, individuals over the age of 50 are the majority of those who die by suicide. Currently, veterans who are 50 or older make up approximately 65 percent of the total population of veteran suicide. For the civilian population, adults between the ages of 45

and 64 have the highest rates of death by suicide. More must be done to reach these populations. Post-9/11 veterans are more likely to enroll in VA, and since the recent conflicts VA has really excelled at providing access and doing outreach to this population. Now it is time to expand these outreach initiatives and increase access to women and middle aged men.

Veterans Crisis Line

In 2007, the Department of Veterans Affairs Health Administration (VHA) established a suicide hotline. The hotline, which later became known as the VCL, was established to provide 24/7, suicide prevention and crisis intervention to veterans, service members and their families. The VCL provides crisis intervention services to veterans in urgent need, and helps them begin their path toward improving their mental wellness. The VCL plays a critical role in VA's initiative of suicide prevention, and ongoing efforts to decrease the estimated 20 veterans who die by suicide each day. The VCL answers more than 2.5 million calls, responds to more than 62,000 text messages and initiates the dispatch of emergency services more than 66,000 times each year. Since opening its doors in 2007, VCL has expanded to three locations. Beginning in Canadaigua, New York. VA expanded to its second location in Atlanta during fall 2016. This was done to assure the increased number of veterans calling into the VCL were having their calls answered in a timely manner and receiving the intervention they needed. A third call center recently opened in September 2017. This call center is located in Topeka, Kansas.

Access to the VCL is plentiful, and the VFW believes VA has been successful in performing outreach to educate veterans about the crisis line. Still, the VFW believes there is room for improvement. If a veteran currently calls VA Medical Centers (VAMC) and some Community Based Outpatient Clinics (CBOC), the veteran hears the option to press the number seven on their phone for an automatic transfer to the VCL. This has proven to be successful for VA, but there are still CBOCs without the technology requirements to implement the "Press Seven" option. The VFW believes all VAMCs, CBOCs and Vet Centers need to have this option for veterans calling in.

With that said, there are always unintended consequences. Precise numbers of non-veterans and veterans not in a mental health crisis calling VCL are unknown. Last year it was publicized that four callers were calling and harassing VCL employees thousands of times. Estimates of four percent of incoming calls were to harass VCL responders. Other veterans admit to calling VCL when not in mental health crisis because it is the first phone number they see publicly available. They have called in hopes of being able to schedule appointments or to complain about unsatisfactory care they received. Recent data reports show since VA's White House Hotline opened its lines in June 2017, VCL has experienced approximately an eight percent increase in non-crisis calls. Fortunately, VA's call centers have the ability to transfer callers to the right call line and staff are trained on how to handle callers not on the appropriate line for their need. Completely screening these calls and assuring only individuals in crisis are calling the VCL is not practical, and most callers are in need of some level of intervention. Crisis is defined individually, and everyone in crisis deserves support. Yet, the VFW is concerned some of the calls not being answered by VCL responders may be due to non-crisis callers clogging the system.

The VFW believes expanding VA's Office of Patient Advocacy would greatly benefit the VCL. By improving and expanding the patient advocacy offices throughout VA, employees of these offices would have better visibility and means to assist non-crisis patients. If veterans become more aware of the patient advocate mission and capabilities, non-crisis callers to the VCL would decrease. The VFW has been working to expand and improve patient advocacy within VA and we will continue to monitor progress. The VFW urges this committee to conduct extensive oversight of the VA Patient Advocate Program to ensure veterans are able to have their non-emergent concerns addressed without having to call the VCL.

Employees at VCL undergo extensive training before being allowed to answer calls, and it takes at least six months before they may begin training to also answer chat and text conversations with veterans in crisis. Yet, it was not until late December 2016 that the VCL had the capability to record and monitor their calls. Without this crucial technological capability, there was no way for calls to be truly monitored for quality control. Now that this capability is available, the technology must be properly utilized. Staff at VHA and the VCL monitor some ongoing calls for quality assurance, but a better, constant process must be implemented to ensure these recordings are being used to improve the training and capabilities of VCL responders. This would not only improve crisis intervention, but would assist with ending allegations of responders not understanding or following protocol, instructions, and resources.

The VFW firmly believes the VCL has improved and will continue to improve. Though that improvement will continue to be slow, frustrating and life-endangering if the VCL does not begin collaborating with others. Aside from working with patient advocacy offices to cut down on non-crisis calls and VHA Member Services to readjust the advisory board and increase clinicians, the VCL must also work more closely with the Office of Suicide Prevention (OSP). Member Services has undoubtedly assisted the VCL in quantity control, but OSP can also assist the VCL in quality control. If the goal of the VCL is to intervene for veterans in need of immediate assistance while they are in the middle of a mental health crisis, the VCL should be working with the subject matter experts and leaders in suicide prevention and outreach for VA. If all three offices could collaborate together, with better guidelines, Member Services would be able to continue improving the VCL call center expertise and business, while OSP could make sure the VCL is up-to-date with the most current clinical expertise on suicide prevention and outreach.

Public/Private Partnerships

Since the enactment of Public Law 114-2, *Clay Hunt SAV Act*, VA has entered into new relationships with many private sector organizations to address PTSD within the veteran population as well as to combat veteran suicide. Some of these organizations include Bristol-Myers Squibb Foundation. This foundation has awarded over $15 million in grants to veterans service organizations and academic teaching hospital partners working to develop and improve innovative models of community-based care and support to improve the mental health and community reintegration of veterans. The VFW is also among the many organizations who have signed on to partner with VA.

This past year, the VFW launched a Mental Wellness Campaign to change the narrative in which America discusses mental health. We teamed with Give an Hour providers, One Mind researchers, the peer-to-peer group PatientsLikeMe, the family caregiver-focused Elizabeth Dole Foundation, the nation's largest pharmacy Walgreens, and the Department of Veterans Affairs to promote mental health awareness, to dispel misconceptions about seeking help, and to connect more veterans with lifesaving resources. The goal of the VFW campaign is to destigmatize mental health, teach our local communities how to identify mental distress and what local resources are available to those struggling to cope with mental health conditions. To do this, VFW Posts and VA employees from Richmond, Virginia to Lakeside, California, and everywhere in-between, have held mental wellness workshops to spread awareness of VA's mental health care services, as well as how to properly identify a fellow veteran in distress. The VFW and VA talked with local veterans about the Campaign to Change Direction and their five signs of mental distress — personality change, agitated, withdrawal, poor self-care and hopelessness.

We know this campaign has saved lives. Our members have told us so. Veterans have told us of how they were suicidal — gun in hand — but they put the gun down when they saw the pamphlet from the Campaign to Change Direction. Those veterans are still alive after they called the Veterans Crisis Line and received help. That is the power of the public-private partnerships VA is continuing to develop.

Education is empowering. The more VA partners with private sector organizations and conducts outreach to educate people on signs of mental health crisis, ways to intervene and that the majority of Americans struggle at some point in their life with mental health, the more empowered people will be. By empowering veterans and their fellow Americans we help destigmatize mental health, and by doing that we allow for more open and honest conversations to comfortably take place. The VFW sincerely believes by talking and taking care of one another we can help lower the rate of veteran suicide. But nobody, not the VFW, not VA, not the House or Senate can totally eradicate veteran suicide without everyone working together to holistically address the problem at hand.